VPA-030 6/08 NJ Department of Environmental Protection Pesticide Control Program PO Box 411, Trenton, NJ 08625-0411

Web page: www.pcpnj.org

## APPLICATION FOR PESTICIDE CERTIFICATION EXAM

Fill in if you have one

NJ Pesticide Applicator License #

## IMPORTANT INSTRUCTIONS:

- 1. Complete <u>entire</u> form (both sides, including signature)
- 2. Please print neatly & clearly

- 3. Use 1 space for each letter or number4. For Commercial Applicators, include proof of required training
- 5. No exam fee as of 8/1/08, **UNLESS** you did not show up for your previously scheduled exam then a \$50 sign-up fee

EXAM APPLICANT'S NAME AND ID INFORMATION FIRST NAME  MI LAST NAME  JR, SR, J	II etc	
TIKST NAME SILVER SILVE		
Mo. Day Year LAST 4 NUMBERS OF SSN E-MAIL ADDRESS		
BIRTH DATE →		
EXAM APPLICANT'S MAILING ADDRESS		
OPTIONAL ADDRESS LINE (For a business name, apartment complex name, etc)		
STREET OR BOX #		
CITY STATE ZIP CODE COUNTY	~ode	
on B		
TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION  Area Code Number M or F EYE COLOR Feet Inc	ches	
HOME PHONE # SEX + HEIGHT + LETE COLOR HEIGHT - LETE COLOR HEIGHT		
<b>EXAM CHOICES</b> - Place an 'X' in the box next to the exams you want to take (maximum of 3)		
COMMERCIAL CORE DEALER PRIVATE APPLICATOR		
**************************************		
1A-AGRICULTURAL PLANT 7A-GENERAL & HOUSEHOLD PEST 8D-COOLING WATER		
B-AGRICULTURAL ANIMAL 7B-TERMITES & OTHER WOOD Destroying Insects 8E-SEWER LINE ROOT CONTROL		
2-FOREST Destroying insects 7C-FUMIGATION 8F-PET GROOMING		
3A-ORNAMENTALS 7D-FOOD PROCESSING 9-REGULATORY		
3B-TURF 7E-WOOD PRESERVING 10-DEMONSTRATION & RESEARCH		
3C-INTERIOR PLANTSCAPE 7F-ANTIFOULANTS 11-AERIAL		
4-SEED TREATMENT 8A-GENERAL PUBLIC HEALTH 12A-WATER SANITIZATION		
5-AQUATIC 8B-MOSQUITO 12B-STERILIZATION		
6B-RIGHT-OF-WAY 8C-CAMPGROUND 13-IPM IN SCHOOLS		
EXAM SCHEDULING CHOICES ( From 'CERTIFICATION EXAM SCHEDULE' )		
Must choose 3 different dates!  ***********************************	****	
SITE CODE MO. DAY YEAR SITE CODE MO. DAY YEAR SITE CODE MO. DAY YEAR		
ATTENTION: YOU MUST COMPLETE THE OTHER SIDE OF THIS FORM!		
OFFICE USE ONLY NO NO	NO	
MO. DAY YEAR EXAM SITE EXAM & TIME SHOW EXAM & TIME SHOW EXAM & TIME S  DATE ASSIGNED	HOW	
DATE REASSIGNED		
EtO WAIVER . PECIPROCAL . PECIPROCAL STATE . FEE RATCH #	<u> </u>	

EMPLOYER NAME AND TELEPHONE NUMBER
IF YOUR EMPLOYER IS A LICENSED PESTICIDE APPLICATOR BUSINESS OR PESTICIDE DEALER BUSINESS, PLEASE FILL IN THE
BUSINESS LICENSE NUMBER HERE -
IN ALL CASES, PROVIDE ALL OF THE FOLLOWING INFORMATION
EMPLOYER NAME OR BUSINESS NAME (pesticide use-related only) IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN 'NONE'.
Area Code Number
EMPLOYER OR BUSINESS TELEPHONE # IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHONE #
EMPLOYER OR BUSINESS MAIL ADDRESS
IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME MAIL ADDRESS
STREET OR BOX #
CITY STATE ZIP CODE COUNTY USE
COUNTY CODE BELOW
BLEO W
EMPLOYER OR BUSINESS PHYSICAL ADDRESS IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHYSICAL ADDRESS
STREET
CITY STATE ZIP CODE COUNTY
USE COUNTY
CODE BELOW
SIGNATURE BOX
SIGNATURE OF EXAM APPLICANT>
EXAM APPLICATION FORM WILL BE REJECTED WITHOUT THIS SIGNATURE!!
NOTE: Providing false or misleading information on this form will result in denial or revocation of your certification and licensing.
2.22
COVIDEN CORES
COUNTY CODES
01 - Atlantic County 08 - Gloucester County 15 - Ocean County 16 - Research County
02 - Bergen County09 - Hudson County16 - Passaic County03 - Burlington County10 - Hunterdon County17 - Salem County
04 - Camden County 11 - Mercer County 18 - Somerset County
05 - Cape May County12 - Middlesex County19 - Sussex County06 - Cumberland County13 - Monmouth County20 - Union County
07 - Essex County 14 - Morris County 21 - Warren County
22 – Out of State